

immediately issue clear and unambiguous guidance so that outpatient artificial pancreas studies can proceed as soon as possible.

Nearly 26 million Americans have diabetes, and one in three American children born today will develop the disease. Diabetes is the leading cause of kidney failure and adult-onset blindness. Moreover, diabetes increases the risk of heart attack deaths by two to four times, and causes more than 80,000 amputations each year. People with diabetes are also at risk for seizures, comas and sudden death. Americans with diabetes, particularly young children with diabetes, desperately need better tools to manage their disease and thereby prevent many of its life-threatening and costly complications.

Some of these breakthrough tools and technologies are already available in other parts of the world. Low-Glucose Suspend systems—devices that automatically suspend insulin delivery when blood sugar levels are dangerously low—have been approved in more than 40 countries around the world but not here in the United States. In fact, the FDA only this year—almost four years after these devices were approved for use in Europe, issued draft guidance on what studies manufacturers would need to conduct in order to win approval for Low-Glucose Suspend systems in the United States. To make matters worse, according to the Nation's leading clinical organizations specializing in diabetes care, the guidance proposed by FDA in June 2011 for Low-Glucose Suspend systems created many unnecessary obstacles to the evaluation of those systems. For example, I understand that this guidance requires multiple clinical trials (inpatient and outpatient) involving a large number of subjects to show statistically significant differences in preventing hypoglycemia. This is an excessive hurdle when all that is required is data showing safety and effectiveness (in other words equivalent glycemic control) not that the Low-Glucose Suspend system is BETTER than other techniques.

Nighttime is a particularly dangerous time for individuals with diabetes because their blood sugar level can drop while they are sleeping, potentially leading to seizures, coma or death. I have heard heart wrenching stories from parents forced to wake their diabetic children in the middle of the night to check their blood sugar levels and, if necessary, administer insulin. Access to Low-Glucose Suspend systems, and ultimately to artificial pancreas technology, is desperately needed to help manage this disease and effectiveness, would be unconscionable.

We are at a critical point in the development of the artificial pancreas. Timely approval of this technology will help improve health outcomes for the millions of Americans afflicted with type I diabetes; and potentially save hundreds billions of dollars annually in health care costs. I urge your timely consideration of this matter and respectfully request a prompt response.

Sincerely,

DAN BURTON,  
Member of Congress.

#### RECOGNIZING LEA GOLD OF BURKE, VA

#### HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2011

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise to honor Lea Gold, a 2011 Critical Language Scholarship Program Recipient. Lea

has been identified by her educators for her academic excellence, leadership potential and exemplary citizenship to participate in the Critical Language Scholarship Program Jeonju, South Korea.

This Critical Language Scholarship Program allows students to participate in daily educational activities in Jeonju, South Korea, as well as the surrounding areas. The program allows participants to make friends with young leaders from all over the world with an intensive focus in the Korean language, one of the thirteen critical need foreign languages determined by the Department of State, for summer 2012. At the end of the program, participants receive a certificate of completion.

Lea is a student at the University of North Carolina—Chapel Hill. It is inspiring to see young people who are interested in educational and developmental experiences such as these.

Mr. Speaker, I ask my colleagues to join me in recognizing this remarkable achievement by Lea Gold and wishing her continued success in her further pursuits.

#### TRIBUTE TO THE HONORABLE JOHN H. WATSON, JR. ON HIS RETIREMENT

#### HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2011

Mr. PAYNE. Mr. Speaker, I ask my colleagues here in the House of Representatives to join me as I rise to pay tribute to Judge John H. Watson, Jr. as he retires from his position as Municipal Court Judge for the City of East Orange. It is my distinct pleasure to add my congratulations to that of his family, friends and associates as they celebrate in honor of a man who has been involved in every aspect of law for over 30 years. For all the leadership he has shown and the contributions he has made over the years, Judge Watson is a worthy recipient of the accolades he will receive on November 18, 2011.

I consider it a privilege to have been involved with Judge Watson's early foray into public service. In addition to serving on the bench, Judge Watson has maintained a successful private practice where he has used his legal expertise to guide numerous clients through a variety of legal matters. He has been a mentor to new attorneys and has provided internship opportunities to youngsters interested in pursuing law degrees. Fortunately, for the community at large, Judge Watson has always been a fair and thoughtful individual. He is a Vietnam War veteran who obviously has a strong sense of loyalty to his country.

A graduate of Rutgers University Law School, Judge Watson held a number of positions before branching out on his own. He is a member of several Bar Associations and has been an active participant in the Rutgers-Newark Law School Alumni Association. A doting husband and father, Judge Watson is also a loving grandfather, a loyal friend and a trusted confidant.

Mr. Speaker, I know my fellow members of the House of Representatives agree that Judge Watson has been an integral part of the East Orange Court system. His retirement is the culmination of a stellar career and we wish

him well in this new and exciting phase of his life.

#### RECOGNIZING THE SIGNIFICANCE OF NATIONAL NATIVE AMERICAN HERITAGE MONTH

#### HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2011

Mr. INSLEE. Mr. Speaker, I rise today to recognize National Native American Heritage Month and to celebrate the rich heritage of Native Americans in Washington state, which is home to 29 federally recognized tribes. These tribes have emphasized the importance of further empowering tribal governments to be able to serve their members in a variety of areas, including: housing, social programs, courts, natural resource management, education, and health care. Over the years I have worked hard to address these issues by supporting tribal governments and the positive work they do for their communities, and I will continue to do so in my capacity as the Vice-Chair of the Native American Caucus.

Northwest Coast tribes have a rich history and continue to share that with their surrounding community. Earlier this fall, a carver from the Lummi Indian Reservation traveled across the country with his 20 foot cedar healing pole bound for the National Library of Medicine in Bethesda, Maryland. This summer I stopped by the Tulalip Tribe's new Hibelb Museum. The museum—one of ten tribal museums throughout Washington state—teaches visitors about the traditions and history of the Tulalip tribe through art that is emblematic of the region's tribal history and coastal environment, such as cedar totem poles and ceremonial masks.

In Washington state, education offered by the tribes and other related institutions plays an integral role in maintaining traditions, fighting unemployment, and raising awareness about tribal issues. Educational programs include ten tribal primary and secondary schools, a number of Northwest Indian Colleges and other tribal colleges, as well as American Indian Studies and native language programs offered at the Evergreen State College, Washington State University, and the University of Washington's Department of American Indian Studies.

Despite achievements in education and other fields, Native American communities still suffer from greater health disparities, including high rates of diabetes, tuberculosis, and alcoholism. To improve the quality of the health care system for tribes, I supported the Indian Health Care Improvement Act that was passed into law as a part of the Affordable Care Act, and I will continue to work to protect that law. With 23 tribal clinics in Washington state alone, there is already an existing health care infrastructure in Native American communities, and as we work to improve the quality of our own health care system we should continue advocating for better, and self-governed, health care for tribes.

As we look to improve health care, education, and the economy in Indian Country, I will strongly support self-governance as a way to achieve these goals. To that end, I have co-sponsored H.R. 2444, the Department of the